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|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/308,955 | 05/27/99 | 435 | 1643 | PC9808A |

APPLICANT KRISTIN M. LUNDY, GROTON, CT; ANTHONY P. RICKETTS, STONINGTON, CT.

****CONTINUING DOMESTIC DATA*******
 VERIFIED PROVISIONAL APPLICATION NO. 60/045,635 05/05/97
com

****371 (NAT'L STAGE) DATA*******
 VERIFIED THIS APPLN IS A 371 OF PCT/IB98/00662 05/01/98
com

****FOREIGN APPLICATIONS*******
 VERIFIED
none com

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/02/99

| | | | | | | |
|---|--|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | <u>com</u> | | CT | 0 | 24 | 3 |

ADDRESS PETER C RICHARDSON
 PFIZER INC
 235 EAST 42ND STREET
 NEW YORK NY 10017-5755

TITLE COX-2 SELECTIVE CARPROFEN FOR TREATING PAIN AND INFLAMMATION IN DOGS

| | | |
|---------------------|---|---|
| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
| \$1,172 | | |